

**IN-HOME SUPPORTIVE SERVICES PROVIDER DIRECT DEPOSIT  
ENROLLMENT/CHANGE/CANCELLATION FORM**

|                  |       |                |       |          |
|------------------|-------|----------------|-------|----------|
| NAME OF PROVIDER | FIRST | MIDDLE INITIAL | LAST  |          |
| STREET           |       | CITY           | STATE | ZIP CODE |

**Check Appropriate Box:**

- ☐ **NEW** By checking this box, I hereby authorize the State Controller's Office to directly deposit my pay warrants to my personal bank account.
- ☐ **CHANGE** By checking this box, I hereby authorize the State Controller's Office to change my Direct Deposit to my new personal bank account.
- ☐ **CANCEL** By checking this box, I hereby cancel my Direct Deposit authorization.

|  |                                      |
|--|--------------------------------------|
| RECIPIENT NUMBER: (MUST BE 10 NUMBERS) | PROVIDER NUMBER: (MUST BE 6 NUMBERS) |
|--|--------------------------------------|

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS (Check only one type)

ROUTING NUMBER: (MUST BE 9 NUMBERS)

ACCOUNT #:

BANK NAME:

|                               |      |
|-------------------------------|------|
| SIGNATURE OF PAYEE (PROVIDER) | DATE |
|-------------------------------|------|

**IN-HOME SUPPORTIVE SERVICES  
PROVIDER DIRECT DEPOSIT ENROLLMENT INSTRUCTIONS  
\*PLEASE READ CAREFULLY\***

You will need the following information to complete the Direct Deposit Enrollment Form:

1. The name of your Bank.
2. The Bank Routing Number
3. Your Checking or Savings Account Number. **If you need help identifying this information please ask your Bank for assistance.**

**CHECK APPROPRIATE BOX**

Please check the box to tell us what you want to do. Check the Box: NEW to enroll in direct deposit; CHANGE to change your bank account; and CANCEL to cancel direct deposit.

Check the box to tell us whether you want your paycheck deposited in your Checking or Savings account.




**IDENTIFICATION INFORMATION**

Provide your Recipient and Provider number. You will find the recipient and provider numbers on your IHSS Statement of Earnings (pay stub).

**BANKING INFORMATION**

Provide the information requested on the form. You may find the bank information you will need to complete the enrollment form on your personal checks or your bank may assist you. Below is an example of a check and where to find the necessary information.

Check Example:

|  |   |  |
|--|---|--|
| Your Name  |   | Check NO. 4444   |
| Pay to the Order of _____  |   |  |
| I1121456781:   | 5765432109812   | 4444   |
| <br>Routing No. | <br>Your Acct. No. | <br>Ck. No. |

If you prefer to have your money deposited into your savings account, please contact your bank for assistance.

**SIGN THE FORM**

Your signature authorizing Direct Deposit must be an ORIGINAL SIGNATURE, photocopies will not be accepted.

**PROVIDE ALL REQUESTED INFORMATION**

All information requested on the form must be provided. Incomplete forms will be returned. To enroll in Direct Deposit you must complete all fields on an Enrollment/Change/Cancellation form.

**IF YOU WORK FOR MULTIPLE RECIPIENTS**

You must complete a separate Provider Enrollment/Change/Cancellation form for EACH Recipient with whom you are employed. When you begin work for a new recipient you will need to complete a new form.

**CHANGING OR CANCELLING YOUR DIRECT DEPOSIT**

Your Direct Deposit will continue to be deposited into the bank account you have chosen until you request a change. If you wish to change or cancel your Direct Deposit authorization for any recipient for whom you work, you must submit an Enrollment/Change/Cancellation form with a check next to the box for Change or Cancel. You may access our website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) to download additional forms or contact the Direct Deposit Help desk toll free at (866) 376-7066.

Please send your COMPLETED Enrollment/Change/Cancellation Form to:

DIRECT DEPOSIT PROCESSING CENTER  
P.O. BOX 1600  
RANCHO CORDOVA, CA 95741-1600